

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		2				
5		2				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		2				
13		2				
14		1				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		2				
23		2				
24		2				
25		2				
26	X	1				
27		1				
28		1				
29		1				
30	1					
31		1				
32		1				
33	1					
34	1					
35	1					
36		3				
37		3				
38		3				
39		3				
40		1				
41		1				
42		1				
43	1					
44		1				
45	1					
46		1				
47		1				
48		1				
49		1				
50						
TOTAL IND.	12					
TOTAL DEP.	59					
TOTAL CLAIMS	65					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS